

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement for dates of service (DOS) 07/23/01, 07/24/01, 07/25/01, 07/26/01 and 07/27/01?  
b. The request was received on 07/22/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC-60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC-60
  - b. EOBs
  - c. HCFAs
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 08/20/01. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 08/22/02. The only response from the insurance carrier was received in the Division on 07/23/02 and is reflected as Exhibit II.
4. Notice of A letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: letter dated 08/12/02  
"A) (Requestor) was not supplied with any explanation for reasons for reductions as required by TWCC rule 133.304. B) A 20% reduction was taken on the charges for Work Hardening. C) (Requestor) is not sure why the reduction was taken, however we believe it was either for non-CARF accredited facility or contracted with..."
2. Respondent: none submitted

#### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d)(1&2), the only dates of service eligible for review are 07/23/01, 07/24/01, 07/25/01, 07/26/01 and 07/27/01.
2. The CARF accredited provider billed a total of \$2,048.00 for 32 hours of Work Hardening at \$64.00 per hour using the CPT codes 97545-WP-AP and 97546-WP-AP.
3. The Carrier reimbursed a total of \$1,792.00 for the 32 hours billed and its EOB has the denials, "THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE" and "PROCEDURE HAS EXCEEDED THE MAXIMUM ALLOWED UNITS OF SERVICE."

#### **V. RATIONALE**

1. Per the Medical Fee Guideline (MFG), Medicine Ground Rules (MGR) (II)(C) and (II)(E)(5), the Maximum Allowable Reimbursement (MAR) for the services provided is \$64.00 per hour.
2. Commission Rule 133.304 (c) requires the carrier's EOB to "provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)."

On the dates of service in dispute the carrier's EOB shows some of the billed hours were reimbursed at \$64.00 per hour, some were reimbursed at \$51.20 per hour and some hours were not reimbursed at all. The documentation indicates that all services were billed properly and no treatment thresholds were exceeded. The carrier's denial does not comply with Commission Rule 133.304 (c) and therefore, the Requestor is entitled to additional reimbursement of \$256.00, the difference between the billed amount and the amount reimbursed to date.

#### **VI. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$256.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 16<sup>th</sup> day of December 2002.

Larry Beckham  
Medical Dispute Resolution Officer  
Medical Review Division